

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

APP. NO. **10/594176**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	5	←	17	←		←
TOTAL CLAIMS	7		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						